



Mike Huckabee  
Governor

# State of Arkansas SOCIAL WORK LICENSING BOARD

2020 West Third, Suite 503  
P.O. Box 250381  
Little Rock, Arkansas 72225  
Phone 501-372-5071  
Fax 501-372-6301  
swlb@mail.state.ar.us

Troylene Jones  
Executive Director

## LICENSE RENEWAL APPLICATION

Please complete name and address.

☐ Check here if this is a change.

(This label has your name and address as it appears in the records of the Board. Please make any corrections or changes to the right of the label.)

Please answer the following questions. If you answer yes to any of the questions, please attach a detailed explanation.

- a. Are you currently, or have you ever been, under any investigation regarding your professional practice? Yes ☐ No ☐ If yes, please attach a detailed explanation

During the last two years:

- b. Have you been denied a professional license because of disciplinary proceedings in Arkansas or any other state or jurisdiction? Yes ☐ No ☐
- c. Have you been refused renewal of a professional license pursuant to disciplinary proceedings? Yes ☐ No ☐
- d. Have you had a professional license suspended or revoked? Yes ☐ No ☐
- e. Have you voluntarily surrendered a professional license? Yes ☐ No ☐
- f. Have you had any disciplinary action taken against your social work license in any state? Yes ☐ No ☐
- g. Have you pleaded guilty or nolo contendere to, or been found guilty of any of the offenses listed in A.C.A. 17-103-307? (A copy of A.C.A. 17-103-307 can be found in the Social Work Licensing Law and Regulation booklet.) Yes ☐ No ☐

I certify that the information that I have provided on this form is true and correct to the best of my knowledge and belief, and I understand that any false or misleading information is grounds for denial of license renewal or subsequent revocation or suspension of my social work license.